

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022835

2786

STATE FILE NUMBER

DO NOT WRITE
ON THIS SIDE

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

FILED JUN 21 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b

20 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

General Hospt No 1

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY JACKSON

c. CITY

OR

TOWN

KANSAS CITY

Inside Limits

Yes ☐ No ☐

d. STREET

(If outside, give location)

ADDRESS

1625 E. 36th St.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

CARL

Middle

EDWARD

Last

ALEXANDER

4. DATE

OF

DEATH

5-23-62

Month

Day

Year

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

12-26-41

9. AGE (last birthday)

20 yrs

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waiter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Kansas City, Missouri, USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Grady A. Alexander

13b. MOTHER'S MAIDEN NAME

Lola Mae Wagner

14. NAME OF HUSBAND OR WIFE

Dinnetta Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Lola M. Alexander 3818 Olive Mother

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Sepsis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

1st 2nd 3rd Degree Burns 60% of Body.

DUE TO (c)

Drug Strip Fatality

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Drug Strip

20f. CITY, TOWN, OR LOCATION

Kansas City, Jackson, Mo.

COUNTY

STATE

21. I attended the deceased from

to

and last saw him/her alive on

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Deputy Coroner

22b. ADDRESS

1618 Lydia Ave

22c. DATE SIGNED

5/23/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

5-26-62

23c. NAME OF CEMETERY OR CREMATORY

Lincoln

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.

5-24-62

26. REGISTRAR'S SIGNATURE

Ruth N Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.